# The Time for Health Equity is Now

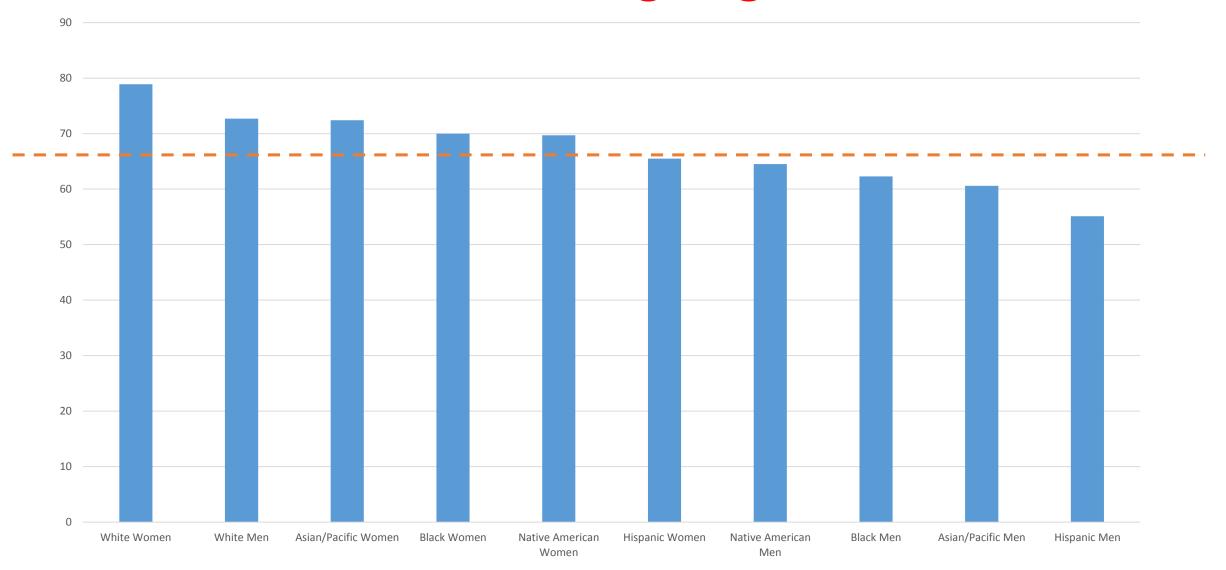
Investing in Partnerships to Become an All-In Community

Mo Barbosa

**Director of Community Engagement** 

mbarbosa@hria.org

# Kansas 2015 Average Age at Death



Infant Mortality Rates by Population Group Kansas, Five Year Rolling Averages, 1992-2016

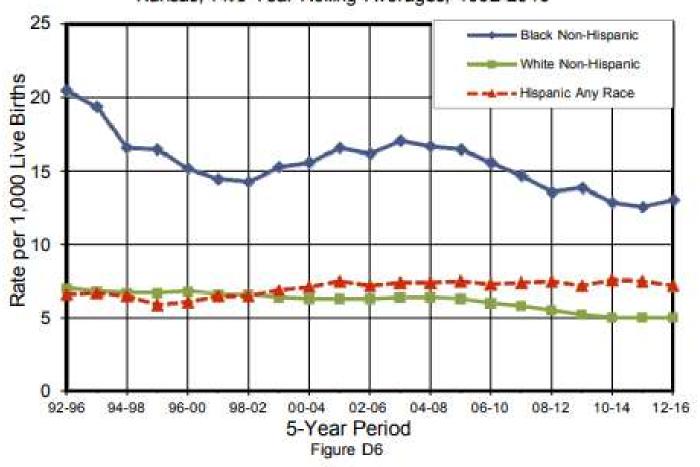


Table D12
Infant Mortality Rates\*
by Population Group
Kansas, 1997-2016

Year	White Non-Hispanic <sup>†</sup>			Black Non-Hispanic <sup>†</sup>			Hispanic Any Race			Total Infant
	Live Births	Infant Deaths	Rate	Live Births	Infant Deaths	Rate	Live Births	Infant Deaths	Rate	Death Rate: All Races <sup>‡</sup>
1997	29,659	189	6.4	2,766	46	16.6	3,525	29	8.2	7.4
1998	30,389	209	6.9	2,746	27	9.8	3,873	25	6.5	6.9
1999	30,362	215	7.1	2,815	42	14.9	4,204	15	3.6	7.3
2000	30,538	192	6.3	2,822	33	11.7	4,742	32	6.7	6.7
2001	29,703	190	6.4	2,745	54	19.7	4,875	36	7.4	7.3
2002	29,811	187	6.3	2,845	44	15.5	5,006	40	8.0	7.2
2003	29,482	172	5.8	2,730	40	14.7	5.417	45	8.3	6.7
2004	29,624	200	6.8	2,782	46	16.5	5,458	28	5.1	7.2
2005	28,903	181	6.3	2,670	45	16.9	6,073	52	8.6	7.5
2006	29,392	181	6.2	2,801	49	17.5	6,568	41	6.2	7.2
2007	30,170	205	6.8	2,856	56	19.6	6,676	56	8.4	7.9
2008	29,863	184	6.2	2,936	39	13.3	6,781	57	8.4	7.2
2009	29,471	178	6.0	2,830	44	15.5	6,790	40	5.9	7.0
2010	29,000	142	4.9	2,780	33	11.9	6,407	50	7.8	6.3
2011	28,382	150	5.3	2,708	35	12.9	6,293	42	6.7	6.2
2012	28,995	145	5.0	2,682	38	14.2	6,286	54	8.6	6.3
2013	27,821	137	4.9	2,549	39	15.3	6,139	44	7.2	6.4
2014	28,009	142	5.1	2,629	27	10.3	6,129	46	7.5	6.3
2015	27,717	130	4.7	2,585	27	10.4	6,290	48	7.6	5.9
2016	26,786	139	5.2	2,494	38	15.2	6,300	32	5.1	5.9

<sup>\*</sup>Rate per 1,000 live births

<sup>\*</sup>Due to changes in the collection of the race item on certificates, use caution when comparing 2005-2016 data to prior years. See Technical Notes.

Other non-Hispanic data is not given a separate column in this table due to the small numbers but is included in the total, and is available upon request.

## Quick Quiz

Which country had a lower infant mortality rate (per 1000 live births)
 than African Americans in Kansas in 2017?

- A. Syria
- B. Jamaica
- C. Mexico

# Steps to Health Equity

- Desegregate data
- Have an analysis on race, power and poverty
- Surface disparities
- 4 questions
- Identify inequalities
- Connect Social Determinants of Health
- Go upstream
- Build strategies informed by those affected

# **Health Disparity**

Differences in the incidence and prevalence of health conditions and health status between groups, based on:

- Race/ethnicity
- Socioeconomic status
- Sexual orientation
- Gender
- Disability status
- Geographic location
- Combination of these

#### Social Determinants of Health

 Healthy People 2020 defines social determinants of **health** as conditions in the environments in which people live, learn, work, play, worship, and age that affect a wide range of health, functioning, and qualityof-life outcomes and risks.



# **Defining Inequities**

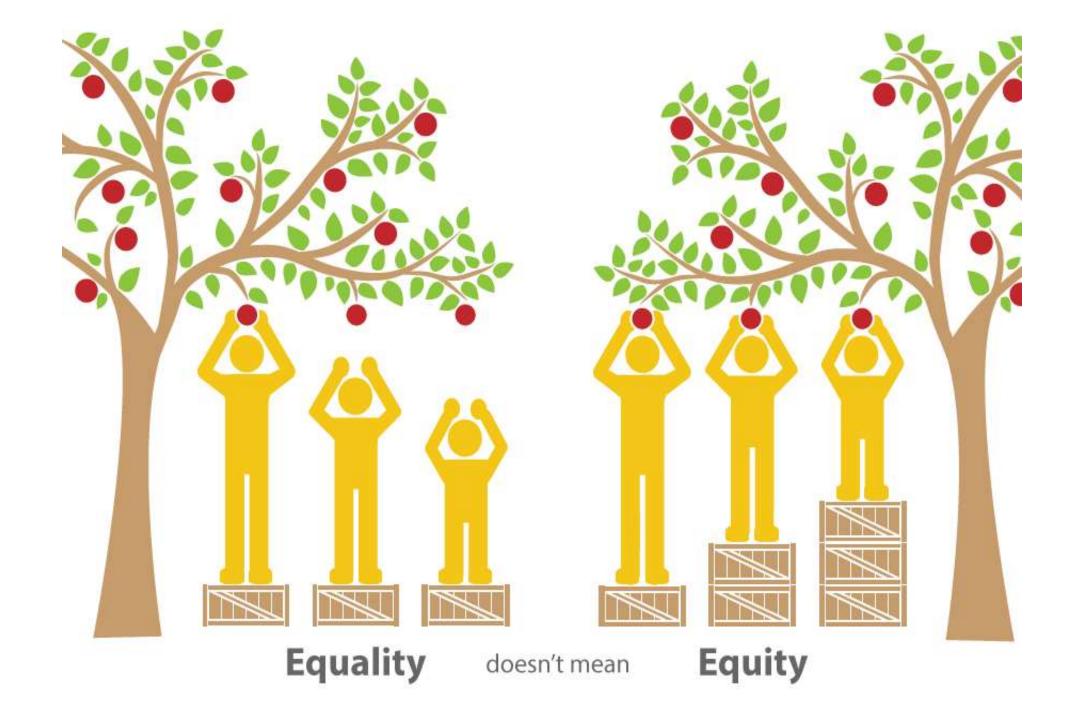
• Health Inequities: The difference in health outcomes that are systematic, avoidable, and unjust.

# Health Equity

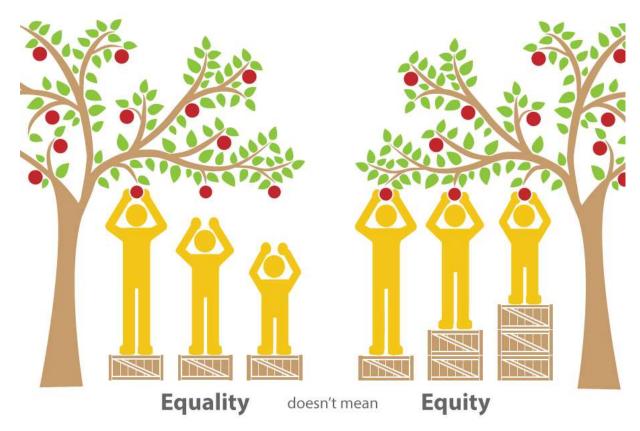
Health equity is achieving the highest level of health for all people.

Health equity entails focused societal efforts to address avoidable inequalities by equalizing the conditions for health for all groups, especially for those who have experienced socioeconomic disadvantage or historical injustices.

- From Healthy People 2020



# **Hard Questions**



**Outcomes** 

**Resources** 

Redistribution vs.
New

**Resources** 

# Developing a Health Equity Lens

Are we willing to see it

Disaggregate the data

Have an analysis on race, power and poverty

## Where our work focuses

Social Inequities	Institutional Power	Living Conditions	Risk Behaviors		Mortality
Class Race/Ethnicity	Corporations and business  Government agencies	Physical environment Social environment	Smoking  Poor nutrition	Disease and Injury  Communicable	Infant mortality
Immigration status Gender	Schools  Laws and regulations	Economic and work environment	Low physical activity Violence Alcohol and other	Chronic Disease Injury	Life expectancy Homicide
Sexual orientation	Non profits	Service Environment	Drugs Sexual behavior		Homiciae

# Hurricane Katrina



## Quick Quiz

 Which policy most aggravated the disparity between the circumstances of black and white New Orleans?

- A. Plessy vs Ferguson "separate but equal"
- B. Post-WWII housing policies
- C. Levee placement and land constraints

# **Upstream**



# Health Equity takes us Upstream

• DOWNSTREAM APPROACHES Interventions that seek to address immediate health and social needs of populations.

 MIDSTREAM APPROACHES Interventions that seek to reduce exposure to health risks by either improving physical working /living conditions or through the promotion of healthy environments.

 UPSTREAM APPROACHES Interventions that seek to reform the fundamental social and economic structures that distribute wealth, power, opportunities, and decision-making

## Quick Quiz

 Is getting a supermarket to open in a community that is a designated food desert:

• A. Upstream

• B. Midstream

• C. Downstream

## **Key Questions**

- 1. Who benefits?
- 2. Who pays/is harmed?
- 3. Who leads?
- 4. Who decides?





## **Four Questions**

Who Benefits	
Who pays/is harmed?	
Who leads?	
Who decides?	

#### Food Desert – an example

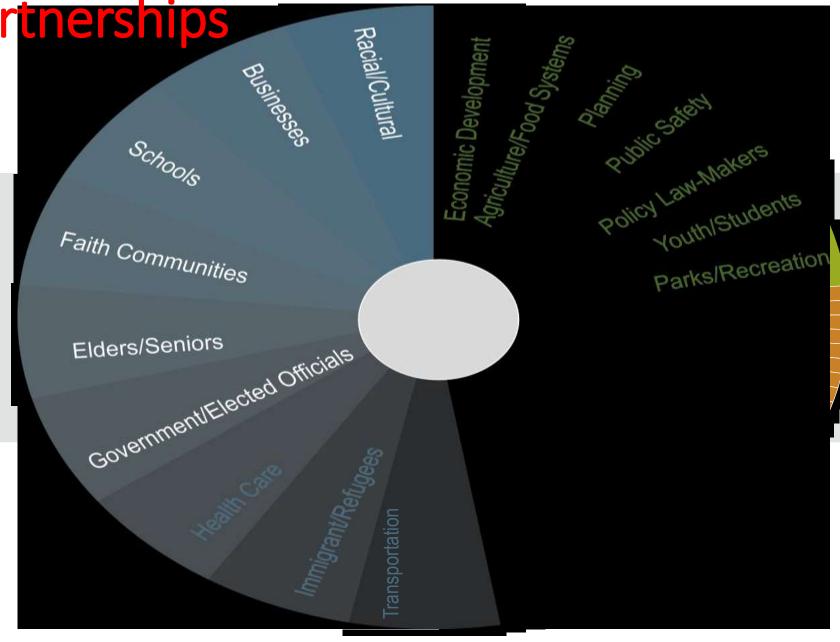
Who Benefits	Local bodegas/convenience stores Fast food places City/town taxes Fuel providers, gas stations, etc.
Who pays/is harmed?	Families Elderly or infirmed Poor people, people without transportation Public health, healthcare, insurance providers
Who leads?	City/town government Activists Convenience store lobby Public health, healthcare, insurance providers
Who decides?	City/town government Zoning board Health board Attorney general

## Tobacco – an example

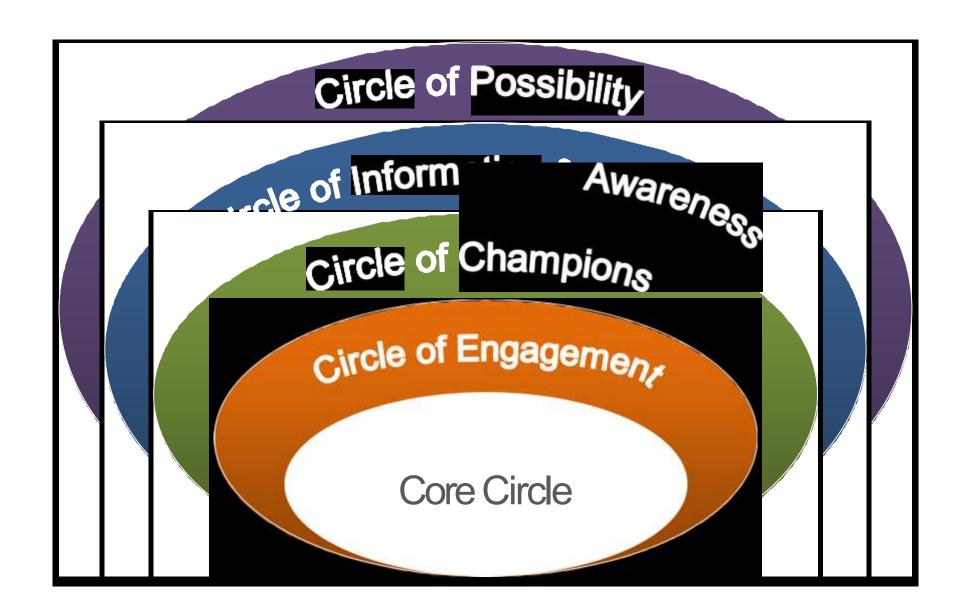
Who Benefits	Tobacco companies, advertisers Lobbyists and politicians Convenience stores, retailers, wholesalers, etc. Smokers
Who pays/is harmed?	Smokers Families of smokers, people around smokers Targeted groups, youth, minorities, LGBT, etc. Health care costs, taxpayer
Who leads?	Advocates Legislators, elected officials Community members, youth, parents Boards of health, healthcare, public health
Who decides?	Legislature, elected officials Boards of health Courts Federal agencies

Multi Sector Partnerships

Multi-Sector Partnership



#### Voices at the Table



## **Key Questions**

- 1. Who benefits?
- 2. Who pays/is harmed?
- 3. Who leads?
- 4. Who decides?

## Quick Quiz

• In 1980 what percentage of the Kansas population was white?

- A. 90.5%
- B. 83.2%
- C. 77.0%

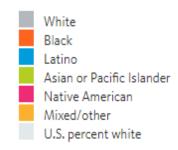
#### Diversity is increasing

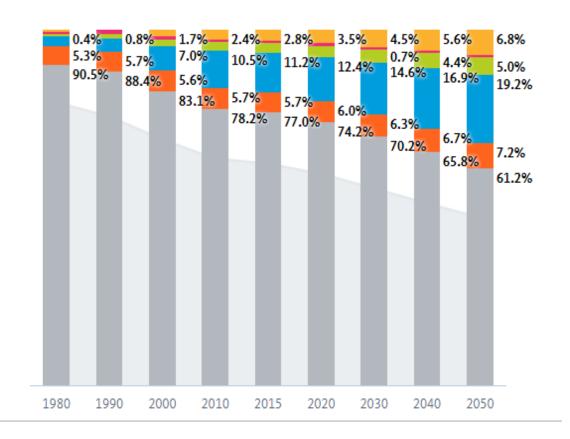
America is becoming a true world nation that is increasingly multiracial and multicultural. In 1980, 80 percent of the population was White. By 2044, a majority of Americans will be people of color.

#### Kansas

From 1980-2010, people of color went from **9.5** percent to **21.8** percent of the population.

#### Racial/ethnic composition: Kansas, 1980-2050





# **Partnerships**

- What other efforts are happening in your community? Are you linked to these efforts? How?
- What key groups/organizations do you need to recruit to accomplish your efforts? Why?
- Who are the key groups/organizations invested in the success of your efforts?
- Are you supporting other community efforts? Why? Why not?
- Are there other opportunities for collaboration?